



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

08/22/2011

**DATE OF REVIEW: 08/22/2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Individual Psychotherapy 4 sessions CPT-90806

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**REVIEW OUTCOME** Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 08/03/2011
2. Notice of assignment to URA 08/03/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 08/03/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 08/03/2011
6. Insurance 07/25/2011, 07/08/2011, Medicals 07/25/2011, 07/21/2011, 07/19/2011, 07/06/2011, 07/01/2011, 06/27/2011, 05/02/2011, 03/24/2011.
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

Patient is a male who suffered an injury lifting boxes on xx/xx/xx. Patient has a diagnosis of left shoulder/neck strain and sprain. Patient still has left shoulder neck pain. On physical exam, there is tenderness in those regions. The patient is on Motrin and Ambien. Patient has been treated with injections and physical therapy. Patient has minimal depressive and anxiety symptoms. Patient was cleared to go back to work. Review request is for individual Psychotherapy 4 sessions CPT-90806.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**



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Referring to the Official Disability Guidelines' chapter on pain under psychotherapy, it states that psychotherapy is a content of chronic pain condition and is indicated only where there is an appropriately identified patient. There is no documentation in the notes that the patient is suffering any type of delay in recovery secondary to the patient's minimal depressive and anxiety disorders. There is no documentation that the patient has motivational, affective, cognitive, or behavioral delays from these minimal depressive and anxiety disorders. In review of the records the requested individual psychotherapy 4 sessions CPT-90806 is not support of the ODG guideline recommendations; therefore, the insurer's decision to denial is upheld.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)